## PART B - FEE(S) TRANSMITTAL

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	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.									
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01 F	C:2501 700.00 OP 300.00 OP		. :"			(Date)				
•	APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVEN			ATTORNEY DOCKET NO.	CONFIRMATION NO.		
	10/647,295	Julian L. Henley		. Henley	. 3589-44		3666			
	TITLE OF INVENTION: IONTOPHORETIC DRUG DELIVERY ELECTRODES AND METHOD									
	APPLN. TYPE	SMALL ENTITY	ISSUE FEE \$700		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE		
	nonprovisional	YES			\$300		\$1000	03/21/2005		
	EXAMINER		ART UNIT		CLASS-SUBC	LASS				
	KENNEDY, SHARON E		3762		604-0200	00				
	CFR 1.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02	inge of correspondence address or indication of "Fe .363).  Change of correspondence address (or Change of Cdress form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indica O/SB/47; Rev 03-02 or more recent) attached. Use mber is required.		Correspondence (1) the nation or agents (2) the natice of a Customer (2) registered (2) registered (3) registered (4) registered (5) registered (5) registered (5) registered (5) registered (5) registered (6) register		on the patent front page, list of up to 3 registered patent attorneys alternatively,  f a single firm (having as a member a report and the names of up to tent attorneys or agents. If no name is will be printed.				
	•	HE PATENT (print or type)								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the docu recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Biophoretic Therapeutic Systems, LLC Framingham, Massachusetts							nee is identified below, the o	document has been filed for		
	lease check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🍑 Corporation or other private group entity 🚨 Government									
		a. The following fee(s) are enclosed:  4b. Pay								
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			ny previous plicant; a re	sly paid issue fee to the applic gistered attorney or agent; or t	ation identified above. the assignee or other party in					
$\frac{1}{2}$							January 5, 2005			
	Typed or printed name	Typed or printed name Richard G. Besha				Registration No. 22,770				

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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